Fill in this information to identify your case: Debtor 1 Chil S Chong	Check one box only as directed in this form and 122A-1Supp:	l in Form
Debtor 2 (Spouse, if filing)	■ 1. There is no presumption of abuse	
United States Bankruptcy Court for the: District of Maryland Case number	☐ 2. The calculation to determine if a presun applies will be made under <i>Chapter 7 I</i> Calculation (Official Form 122A-2).	
(if known)	☐ 3. The Means Test does not apply now be qualified military service but it could ap	
	☐ Check if this is an amended filing	
Official Form 122A - 1		
Chapter 7 Statement of Your Current Monthly I	ncome	12/19
Be as complete and accurate as possible. If two married people are filing together, both are e attach a separate sheet to this form. Include the line number to which the additional informat case number (if known). If you believe that you are exempted from a presumption of abuse be qualifying military service, complete and file Statement of Exemption from Presumption of Ale Part 1: Calculate Your Current Monthly Income	ion applies. On the top of any additional pages, writ ecause you do not have primarily consumer debts o	e your name and r because of
•		
 What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. 		
☐ Married and your spouse is filing with you. Fill out both Columns A and B, li	ines 2-11	
■ Married and your spouse is NOT filing with you. You and your spouse are		
Living in the same household and are not legally separated. Fill out both		
☐ Living separately or are legally separated. Fill out Column A, lines 2-11; d penalty of perjury that you and your spouse are legally separated under nor living apart for reasons that do not include evading the Means Test requiren	o not fill out Column B. By checking this box, you abankruptcy law that applies or that you and your	
Fill in the average monthly income that you received from all sources, derived during the 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not i spouses own the same rental property, put the income from that property in one column only. If y	through August 31. If the amount of your monthly incomnclude any income amount more than once. For examp	ne varied during le, if both
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, and commissions (before payroll deductions).	s all \$ 2,500.00 \$ 2,000.00	
Alimony and maintenance payments. Do not include payments from a spouse in Column B is filled in.	f \$ \$ 0.00	
4. All amounts from any source which are regularly paid for household expens of you or your dependents, including child support. Include regular contribution		

from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Debtor 1

0.00

0.00

Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 2,500.00 \$ 2,000.00 4,500.00 \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 4,500.00 Multiply by 12 (the number of months in a year) **x** 12 54,000.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MD Fill in the number of people in your household. Fill in the median family income for your state and size of household. 138,054.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Chil S Chong Chil S Chong Signature of Debtor 1

Debtor 1

Chil S Chong

10/21/22 8:27AM

Debtor 1 Chil S Chong Case number (if known)

Date October 21, 2022

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.